

## NEW YORK NEUROLOGICAL SOCIETY.

### *Annual Meeting.*

The annual meeting of the New York Neurological Society was held Tuesday evening, April 1st, the President, Dr. WILLIAM J. MORTON, in the chair. The following officers were elected for the ensuing year:

President, Dr. W. J. Morton; 1st Vice-President, Dr. C. L. Dana; 2d Vice-President, Dr. G. W. Jacoby; Recording Secretary, Dr. E. C. Wendt; Corresponding Secretary, Dr. W. M. Leszynsky; Treasurer, Dr. E. C. Harwood; Council: Drs. Graham Hammond, E. C. Seguin, L. Weber, G. W. Jacoby, W. R. Birdsall.

### *Stated Meeting, May 6, 1884.*

The meeting was opened by the following remarks of the newly elected President:

*Gentlemen of the New York Neurological Society:* A year has passed since you elected me to preside over your proceedings. Now again for another year I enter upon the well-trodden pathway, strengthened by your continued confidence and by the experience gained.

The year of neurological work in this Society just passed has, I am sure, been one of mental profit and progress to all of us. We have listened to excellent papers; we have examined interesting cases; we have heard discussions which have unearthed the experience of expert students; and we have felt that inspiration that arises from the harmonious movement of numbers in pursuit of a common goal. And never before in the history of the Society have its proceedings been so widely published.

Time has swept over our ranks with a light and forbearing hand. Individually, age has touched us lightly. Sickness and death have held aloof from us.

Corporately, a large infusion of new and good blood has been injected into our veins, as indicated by our lengthening roll of active members. Our veteran readers of papers have not fallen wearied by the wayside, but still visit our halls and watch younger aspirants in their ascent to their expected niches in the medical temple. Our polemical disputants have softened with years and experience.

In short, peace, harmony, contentment, and a spirit of earnest work are now our characteristics.

Never has this Society been in better condition for its work than to-night. Will you not, then, gentlemen, catch the inspiration of our situation and come forward during the year with contributions that do credit to you individually and to us collectively?

But I will not further occupy your attention. At our last June meeting I read a somewhat lengthy address. At this meeting I should feel a strong misgiving in occupying your time in a similar manner. I need, then, make no apologies for proceeding directly to the further work of the evening, thanking you for the honor conferred, and asking you to continue to give your attention to the work of this Neurological Society, and to sustain with your best and most loyal efforts its already high fame.

Dr. HENRY D. CHAPIN exhibited two cases of lead paralysis in children, with descriptive remarks.

Dr. MORTON then exhibited a case of local lowered temperature, viz.: an adult patient with a permanently cold hand. The patient gave briefly the following history of his condition:

Some time during the month of June I was obliged to go to St. Luke's Hospital, suffering indescribable agonies. The doctors pronounced my disease a case of spinal meningitis.

I was discharged about the first of August, 1879, and since then have been suffering with this cold hand. I do not remember how soon after this discharge that I first felt the coldness, but I have always had the impression that it resulted from my sickness.

The coldness begins about at the centre of the back of the

(right) hand, creeping gradually to the ends of the fingers and up the arm to the elbow, unless arrested by rubbing or submitting to heat. I have never observed that it would go up farther than the elbow. I have often been greatly annoyed during the winter, in a room heated to over 75 degrees, and have been obliged to hold the hand either close to the stove or in my pocket. During the coldness the hand presents no external indications, either in color or otherwise, that it is cold, nor has its strength, at any time, been diminished, nor its sensitiveness impaired.

As to treatment, I have tried every thing that has come in my way: Manipulation, rubbing, external applications of various kinds, medicines, galvanic and static electricity, until the administrators were satisfied as to its utility; once I was cupped over the spinal column, once blistered, three times cauterized at the same place. The last thing tried by Dr. Morton was the placing of the hand in a vacuum. None of all these various applications have produced the slightest effects, either in making the hand better or worse.

Dr. MORTON asked for suggestions from members of the Society as to treatment. Thermometric tests sustained the patient's allegation that the hand was colder than the opposite. A difference of 1° Fahr. was established.

Dr. MORTON then exhibited a case of morbid somnolence. The patient, a physician, gave the following account of himself:

G. P. S., aged thirty-two; American physician. About fifteen years ago went through a period of several hours of severe physical exertion, in response to a challenge. At its finish I was extremely fatigued, so much so that I fell from sheer exhaustion, and for several days did not recover my usual vigor.

Coupled with this exhaustion was a mental and nervous condition somewhat peculiar. For a period of two weeks (as near as memory serves me) I was not conscious of waking from a sound sleep, *i. e.*, I spent most of the nights awake, occasionally for a short time only falling into a state of dreamy mental activity bordering upon waking—never really losing consciousness. My thoughts would take the most fantastic and incongruous forms. My waking thoughts daily became more strange and inconsistent. I at first looked upon these thoughts with a certain degree of suspicion, but as they continued to force themselves upon me they began to appear possible, and finally natural. I knew my thoughts

and beliefs were different from those of others, and believed them wrong and myself right ; but I hesitated to express myself, for I knew I would be (as I had been) ridiculed. This ridicule did not in the least cause me to doubt the correctness of my views—it only made them the more fixed. I did not, as one might think, believe those who differed from me to be insane. I believed that I was simply “advanced” in thought, and that my ideas would, when they were matured, at first startle the world and finally be universally believed. Of course I was insane, and profoundly so, as I now perceive ; this condition of mind becoming less marked as days and weeks went by, so that finally after a lapse of three or four weeks it had passed entirely.

Whether this fatigue and consequent state had to do with my subsequent history I know not ; certainly before that had taken place I had never been annoyed by the inordinate sleepiness which now troubles me.

Not many months after the above-mentioned occurrence I began the study of medicine, and it was during the lecture hours that I was first troubled with my inability to keep awake. During the three years of my attendance upon medical lectures I do not think there was a single day when I did not at least once during the lectures either go soundly asleep or pass into a state of semi-unconsciousness, in which, although I heard what was going on, I did not understand it. In my reading also I was annoyed by it. I found that the reading of any work, medical or not, which required thought or mental exertion to any extent, would almost invariably, after the lapse of an hour or two, cause me to fall asleep. This condition of things has grown steadily worse, until now I seldom can read more than half an hour—often not longer than fifteen minutes—without falling asleep. If I attempt to resist this inclination I invariably cause a severe frontal and occipital headache which will last for the remainder of the day. I would often, thinking it might be only a mental habit which could be broken by opposition, fight against this sleepiness for hours, succeeding only in preventing myself from going soundly asleep ; but going into a condition [although reading (?) ] in which I could not understand what I was reading, from which I could be easily aroused by a slight unusual noise, but from which I could not arouse myself by any effort of my will. These attempts to master this inclination always signally failed, and I am absolutely certain that it is not possible for me to overcome this tendency by any pure mental effort. Throughout the daytime (*i. e.*, after breakfast) the

reading of any book of a light nature, as a novel, for a moderate length of time, would not cause me any feeling of sleepiness ; but the reading of any print before breakfast, even to the amount of ten lines of the morning paper, would give me a severe headache, which would last for hours—perhaps all day ; so that for many months I have not dared to look at print before breakfast.

During the time I was studying medicine (now over eleven years ago), and to some extent for a few succeeding years, when it was rather more necessary (?) than now that I should do a certain amount of reading, this headache was quite a usual occurrence, so that for a period of years I was never during my waking hours free from it. During later years I have not suffered so much from the headache ; but for the simple reason that I do very little reading—often passing a week without reading fifty lines of print,—although the morbid condition has grown steadily worse, for the headache and sleepiness supervene more promptly than they did two years ago.

I look upon this “sleepiness” as simply cerebral exhaustion, for it is associated with a pure physical exhaustion. This physical exhaustion I feel upon slight exertion, as going up a single flight of stairs.

I am troubled occasionally (perhaps three or four times a month—although a few years ago it was two or three times a week) with nocturnal emissions and weeping penis, and always after these occurrences my symptoms of physical and mental weakness are worse.

The symptoms of physical fatigue I can control to some extent, but the mental giving out is at times beyond my control. I have gone to sleep while making a vaginal examination in case of labor. Three times during the writing of a single prescription I have nodded off in a momentary doze. I have gone to sleep in a dental chair while the pounding of gold-filling was going on.

The disposition to sleep is not the only unpleasant feature of my case, for even when awake I am not at all times able to direct my mental operations. I feel mentally just as I would physically if I attempted to lift a weight which I am utterly unable to move. I make the mental effort and feel the discharge of nerve force—the steam is turned on, but there is either too much friction or not enough steam, for the mental machinery will not budge. I feel the necessity of saying something, and (if I am conversing with a patient, for instance) so the automatic brain-centres will come to the rescue and I will perhaps ask a question which I have already

asked and had answered, or make a stereotyped remark which I have made or heard made hundreds of times before,—do something, in other words, which does not call for cerebration. This condition of mental lethargy will last for hours—usually until the next meal.

Any mental excitement, as a slight exhibition of anger, will unstring me for hours. It is usually difficult to make me angry or out of patience; but I think my self-restraint in this regard is owing to mental discipline, for at times I am utterly unable (when taken off my guard) to control my temper.

The above condition of things has led to certain mental habits which are, to say the least, very annoying. I have naturally lost my fondness for reading. I cannot read medical or other scientific works—I will not any thing of a light nature. I have a feeling toward mental exercise of all sorts which amounts, at times, to a dread; hence I have acquired a habit of postponing the settling of a question or coming to a determination in a matter requiring thought primarily and secondarily,—and of all other matters, even sometimes of a trivial nature.

Although I am never "sick" I never feel very well and frequently feel life a burden.

After discussion of these two cases, Dr. E. C. WENDT related the history of a case of unilateral spasm of the tongue, occurring in a man of good habits and healthy antecedents. There was not the slightest indication of neuropathic taint. The patient, having faithfully used a variety of drugs, was finally cured by a daily application of galvanism to the affected side of the tongue.

The Society then adjourned.

*Stated Meeting, June 3, 1884.*

Dr. Wm. J. MORTON, President, in the chair. In the absence of the Secretary, the President appointed Dr. C. L. DANA Secretary *pro tem.*

The paper of the evening was read by Dr. F. C. FULLER and was entitled: "Contribution to Cranial Cerebral Localization Illustrated by Cases of Trephining."

The cases cited were four in number, and had been under Dr. Fuller's care in Bellevue Hospital. All were fractures of the skull, with depression, the injury being located over

the motor area of the brain, and the symptoms were in exact correspondence with the commonly accepted theories of cerebral localization.

Analogous cases to those included in the paper were cited, and a *résumé* of instructive cases given. Emphasis was made of the superiority of the strict antiseptic method of treating head injuries over the old method, suturing of the flaps and the obtaining of primary union being the desideratum.

*Stated Meeting, October 7, 1884.*

W. J. MORTON, M.D., President, in the chair.

Dr. L. WEBER read a paper "On the Nervous Origin of Some Disorders of the Alimentary Canal."

Dr. E. C. SEGUIN, in opening the discussion, said that the disorders alluded to in the paper just read were far from uncommon. It must often prove quite difficult, however, to reach a positive diagnosis. The abdominal symptoms were by no means so characteristic and well-defined that a clear case could readily be made out. It was to be remembered that dyspepsia, pure and simple, was frequently accompanied by a variety of morbid nervous manifestations. In this country especially, where we had both many dyspeptics and numerous neurotics, a differential diagnosis would not always be possible. In this connection he also alluded to the fact that the ordinary American diet and cookery predisposed to gastro-intestinal fermentation. He thought that repeated physical examinations at different periods, even of the same day, might aid in putting a diagnosis on a firmer basis. It was important in all cases to separate subjective sensations from true objective symptoms. The discovery of the tender pressure-points was new to him. He failed to see how hyperæsthesia of the deep-seated abdominal nerveplexuses could be discovered through palpation. As regarded treatment, he was of opinion that it should be in the first place tentative. From his own experience he was inclined to place more value upon a general tonic *régime* than upon direct and local medication.

Dr. LESZYNSKY inquired whether Dr. Weber's patients

were also sufferers from migraine, and on being answered in the affirmative as regarded two women, he said that Clifford Allbutt, in the recently delivered Gulstonian Lectures, had laid stress on the frequent association of these evils.

Dr. DANA stated that he had failed to find evidence of hyperæsthesia of abdominal ganglia, especially of the gastric plexus, in cases of this kind. In his patients, who were generally quite thin, Dr. Seguin's objections touching the possibility of deciding as to the presence of this symptom by palpation had not been found to hold good. He had been able to explore the abdomen in its deeper parts very thoroughly in his cases. He pointed out that fermentative dyspepsia might accompany, as an independent affection, various neurotic disturbances, and cited a case forcibly illustrating such a condition. In the treatment of neurotics suffering with pronounced gastric disturbances he had found mountain air beneficial.

Dr. PUTNAM-JACOBI thought that one important diagnostic point had been overlooked—namely, the relation of the onset of the paroxysm of pain to the time of eating. In purely nervous dyspepsia, say of reflex ovarian or uterine origin, the symptoms of gastric distress were at their maximum during the hours of fasting, and relief might be procured by the ingestion of food. In fermentative dyspepsia, on the other hand, the introduction of food into the stomach would only aggravate existing symptoms. Moreover, pain occurred from one half to two hours after a meal. Besides this, the acid eructations, the coated tongue, the bad taste in the mouth at morning, should make differential diagnosis comparatively easy. In nervous dyspepsia the tongue was remarkably clean. During, or even before a paroxysm of pain, nausea was not observed.

Two marked cases of neurotic dyspepsia had fallen under her observation some time ago. The first concerned a lady, sixty years of age, who, soon after having come under the influence of London's foggy weather, developed two neuroses. The first was spiritualism; and the second, violent paroxysmal gastralgia. Six eminent London physicians decided that she was afflicted with cancer. But Italian sun-

shine quickly cured her. The second case was that of a man who, after the loss of a loved child, became much depressed in spirits, and was afflicted with gastralgic attacks. For months he grew progressively worse, losing flesh all the time. He was eventually completely cured by arsenic. Another case had been cured by the faradic current. She thought that it was more difficult to distinguish moderate degrees of glandular atrophy of the stomach from neurotic disorders, than to separate the latter from fermentative dyspepsia.

Dr. H. D. CHAPIN believed that the nervous manifestations were often secondary to acid fermentative processes, set up by the excessive consumption of starchy foods.

Dr. E. C. WENDT remarked that it was quite evident from the drift of the present discussion, as well as from similar debates in foreign societies, that the entire subject was still involved in considerable obscurity. One thing was certain, however,—namely, that the profession in all civilized countries was beginning to reinstate the nervous system, in its relation to disease-development, into a formerly occupied position of pre-eminence. Not many years ago the pathological school had been so exclusively dominant that functional disorders had been almost relegated to the limbo of the mythical. Within the past few years, however, a great change had set in, and at present there seemed to be, if any thing, a danger of falling into the other extreme. Certain it was that to-day there either was much less gastrointestinal catarrh, or else it was more frequently overlooked than formerly ; while on the other hand nervous dyspepsia must either be of much more frequent occurrence, or else be erroneously assumed to exist in true structural disease of the alimentary canal. Clifford Allbutt had, in the recently delivered Gulstonian Lectures, drawn some vivid pictures of this class of cases, and the whole subject had been but lately discussed at the third German Congress of Internal Medicine. At that meeting Leube had reiterated his former well-known views on nervous dyspepsia. But he had been opposed by several competent observers, prominent among whom was Ewald. The latter took the ground that real disease of the stomach might start the entire train

of nervous symptoms so often seen in neurotics. Trousseau's *vertige stomacale*, dyspeptic migraine, and Rosenbach's cases of vagus neurosis were some of the rarer manifestations belonging to this category. Ewald further asserted that Leube's well-known *Verdauungsversuch* had no great practical value, for he had in many instances found food-particles in the water used for washing out the stomach seven hours after a simple meal. So also he had found the gastric fluid in positive structural disease, such as cancer and chronic catarrh, to give normal chemical reactions. Dr. Wendt thought it was quite evident from all this that we still lacked decidedly characteristic or pathognomonic symptoms of this class of disorders. It should never be forgotten that dyspepsia was not a disease in itself, but might be a symptom of very many vastly dissimilar affections. To the presence or absence of painful pressure-points, supposed by Burckart to be characteristic of nervous dyspepsia, he had not, from his own experience, learned to attach any significance. He also thought that the term gastric neurasthenia, suggested by Burckart, was not a happy selection. Such cases should be classified rather under the general heading of "nervous disorders of the alimentary canal." One point he wished, however, to emphasize—namely, that nervous dyspepsia did not kill. He had seen such patients apparently brought to the very door of death, but in the end they had invariably recovered. One case he remembered in particular, that was almost the exact counterpart of the first case mentioned by Dr. Jacobi. Here, too, eminent physicians had been misled, probably by the cachectic appearance of the patient, to diagnose gastric cancer. But the lady in question fully recovered, and at present, six years after she had been given up, she was better, stronger, and weighed more than at any other period of her life that she could recollect. Finally, as regarded treatment, he thought that general and hygienic measures were more calculated to benefit sufferers of this class than drugs. Absolute rest was at times imperative. Of drugs he thought arsenic was the best for the intervals, and morphine subcutaneously or in suppositories for paroxysmal pain.

Dr. MORTON alluded to the ready supervention of diarrhoea through emotional disturbances in neurasthenics. Animals under excitement often showed similar symptoms, but he did not wish to infer for this reason that they too were afflicted with neuroses.

Dr. TEED, of Kansas City, raised the query whether we were not painting old facts in new colors. He believed that all the troubles mentioned in the paper and the discussion could be included under the old designation of atonic dyspepsia. His explanation of the origin of these disturbances was as follows: nervous influence that should be sent to the stomach became diverted into other channels, and as a consequence the gastric glands failed to perform their function. Besides this, nerve stimulation might happen in the stomach, be thence transmitted to the central nerve-organs, and once more reflected back upon the stomach. Ingestion might in this way lead to watery secretion and thus result in copious evacuations. But the neurotic taint might manifest its existence through other organs besides the stomach. Cardiac palpitation might occur. The latter might even coexist with gastric distress and yet the consummation of digestion be neither retarded nor in any other way disturbed.

The great point to know was, where did all the nerve-force come from? How did it originate in the body? In his opinion it ultimately depended entirely upon oxidation or some similar chemical change constantly taking place in organized beings. He thought that the various cells of the body might be likened to minute electric batteries that were perpetually active. Through their agency force was liberated which primarily assumed the form of heat. In this way currents were normally sent to the brain and again started out from the encephalon to other parts.

Of course, if the paths of conduction became altered failure of force-transmission must result. This gave rise to morbid symptoms which we must endeavor to interpret. He also compared the relations of the cerebro-spinal with the sympathetic nervous system to the two wires of a battery. One thing was certain, namely, that new matter or new force had no existence in the human body. The

same physical laws that governed the outer world also held good for our bodies. It was essential, therefore, to know well the rules and laws of the transmission and radiation of force in the outer world before we could hope to understand the actual condition of nerve-action within us.

Dr. WEBER, in closing the discussion, said that he agreed with Dr. Seguin in the importance which he attached to a thorough examination of cases of dyspepsia of whatever nature, particularly as to the presence of dilatation, but believed that dilatation was not only liable to occur when patients indulged in too liberal quantities of farinaceous food and sweets, but also by the vicious habit which many people, young and old, had of putting much more food into their stomachs at a given meal than the organ ought to receive at one time. Like Dr. Dana, he had not been able thus far to verify Dr. Burckart's experiences as to the tenderness of one or more of the abdominal sympathetic ganglia in certain cases of gastric neurasthenia.

The good results which Dr. Putnam-Jacobi and others had seen from small doses of arsenic in the management of these disorders he was ready to accept as an illustration of rational therapeutics. He had himself seen excellent results from drop-doses of Fowler's solution, taken on an empty stomach, in the early morning retching and vomiting of habitual topers. He believed that Dr. Wendt was right when he said that Dr. Burckart's designation of "neurasthenia gastrica" was not happily chosen, and that the general name of "nervous disorders" would be better.

Dr. WILLIAM BROWNING, of Brooklyn, read a paper illustrating "Pseudo-bulbar Paralysis."

Dr. E. C. SEGUIN related a case of bulbar disease which, if not quite germane to the present subject, was intrinsically so interesting as to merit the notice of the Society.

Male, forty-four years of age, seen January 31, 1876, in consultation with Dr. M. J. Moses. Denies syphilis or recent sore-throat. Well up to January 1st, when he had epileptiform attacks limited to the limbs of the left side; in one attack the tongue was bitten. No recurrence of attacks. Subsequently severe right supra-orbital neuralgia cured by arsenic. On January 29th sudden inability to

swallow solids developed in four or five hours. Examination shows a spasm (?) two inches below pharynx. The voice is nasal, and articulation is imperfect. Patient is conscious of the labor of speaking.

In view of the rapid development of the symptoms, I expressed the opinion that the case was not one of true bulbar paralysis of the progressive form, but an acute paralysis due perhaps to an ignored diphtheria, and that the prognosis was not quite hopeless.

On February 7th, nine days after the appearance of dysphagia, Dr. Moses sent the patient back to me with the following letter :

"MY DEAR DOCTOR :—I asked Mr. S—— to call upon you and deliver this note, which for obvious reasons I send sealed. I am afraid he shows more progressive symptoms than when you last saw him, and that the prognosis made now would not be quite as favorable. I think it will be necessary to put you in possession of all that has happened since last Monday, when you first saw him.

"On Monday evening he lost the power of swallowing fluids, and I passed a stomach-tube, but it produced such irritation that he almost suffocated from spasm of the glottis when the tube was in his stomach. I passed the tube several times, but each time was forced to withdraw it to avoid a catastrophe. I finally hit upon an idea which I congratulate myself and the patient upon. Having learned from previous examination that the middle and lower muscles of constriction were not as much involved, I made my patient lie down and permit the mouthful of fluid to flow down below the edge of the velum, and *then* to swallow. This effort raised the larynx, and propelled the fluid within the grasp of the lower constrictors. By this device (lying down at each mouthful, with the head thrown far back) Mr. S—— was able to take sufficient nourishment, milk, eggs, and beef-tea, and his medicine, viz., quinine, iron, and strychnia in solution during yesterday and Wednesday.

"On Tuesday, by violent effort, he was enabled to swallow sitting up, but at the same time I noticed marked loss of power in the muscles of the cheeks and lips, and an aggravation of his nasal speech. I noticed also, steadily progressing, an irritation of the pneumogastriacs, evinced by violent, prolonged, and characteristic cough. The irritation is almost constant, touching the throat with an electrode or the effort of swallowing bringing on a most violent paroxysm. I have faradized the muscles of the pharynx

with a gently increased current, and galvanized the spinal accessory and glosso-pharyngeal with from four to six cells of Kidder's eighteen-cell battery. At first each was well borne, but yesterday a very mild current from either battery provoked vomiting, and on passing a current from six cells over the pneumogastric, I provoked a prolonged and almost exhaustive cough. I am afraid the disease is progressive, and due to central lesion. I send him to you for another examination, that you may compare his present condition with the result of your examination last Monday, and see if some new points may not have arisen to point to you a separation of the two theories then presenting, viz., labio-glosso-pharyngeal, or diphtheritic paralysis."

*Examination*: Speech not as good; whistling is possible, but feeble; can't fill cheeks with air; much salivation; orbiculus oris weaker, but can still make O. The tongue moves well in all directions. Voice not as loud as at last note. Much cough (more morning and night). Throat very irritable. No facial palsy (apart from orbic and buccinator paresis). Voice very nasal, and articulation is impaired. In speech and by reflex action soft palate acts well. Fails to swallow a morsel of bread, and the laryngoscopic mirror shows it lying behind the glottis a little to the left. Rima glottidis red; vocal cords not seen. No anæsthesia of face or hands; no hemiplegia.

It should be added that two years ago patient had neuralgia of the left side of the face and paralysis of the left vocal cord. Again denies syphilis. I adhered to my diagnosis of acute non-progressive bulbar paralysis, and advised continuing the iron and strychnia and using weak galvanism to back of neck and outside of throat. My notes are not complete, but I can state that the patient recovered somewhat slowly but completely in a few weeks.

Dr. MORTON alluded to two cases of hysterical simulation of bulbar disease that had been on the point of being reported as instances of progressive bulbar paralysis, when both recovered completely.

Dr. SEGUIN said that the converse mistake had once happened to him. It was a case which, owing to the absence, at the first visit, of labial symptoms and the predominance of palatal disturbance, was held to be not a genuine instance of progressive bulbar disease. At the second visit, however, difficulty of swallowing and other signs left no doubt as to the true nature of the affection.